## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4-22-2007</u>	Address:	8932 US 150
Case #:	45F46910		HARDINSBURG, IN
County:	WASHINGTON		
Type of Laboratory Seizure (check one)  Seizure Location (check all that apply)			check all that apply)
Chemic	onal Lab al/Glassware/Equipment (only) ite (only)	☐ Residence ☑ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other:
Items Found: Location (hedroom, kitchen, open air, etc)			
(check all that apply)  [ ] Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (i	tem and location):		•
☐ Yes ☐ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedria	e Information c/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	tment: POSEY TWP	Fax: <u>N/A</u>	(0.01
Health Department: WASHINGTON CO		Fax: <u>883.5</u> Fax:	
Child Prote	ection Service:		_
For further information regarding this methamphetamine laboratory, contact Investigating Officer: GREENWELL Phone 812.246.5424			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- \*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.